Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, , , , , , , , , , , , , , , , , , , ,		BERTH TO WHOM TO MEET.	A. BUILDING: <b>01</b>		00 22.125	
HAL085001		B. WING		07/2	3/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRACEL	AND LIVING CENTER	R I 1290 DEN KING, NC	NY ROAD 27021			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on July 23, 2015.					
	Home for the Aged 8, 1980. Therefore 1977 and the applic Rules for the Licens and, the 1978 North Code, section 409. Occupancy.	st licensed or submitted as a serving 12 residents on April the facility must meet the cable components of the 2005 sing of Adult Care Homes, in Carolina State Building 1 - Institutional Unrestrained				
Deficiencies were noted which will require a plan of correction.  C 101 Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by:		C 101				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL085001		B. WING		07/23/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GRACEL	AND LIVING CENTER	1290 DEN KING, NC				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
	Based on observation, the facility fire alarm system was not installed in accordance whth the Codes and Rules in effect at the time the facility was first licensed.					
	Findings include: None of the bathrooms on the main corridor or service corridor have smoke or heat detection					
C 126	Bedrooms-Window	S	C 126			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and					
	was not maintained bedroom windows to	vation, egress from all areas I in a safe manner by having that are stuck shut. This sidents by not allowing free				
	Findings include: The windows are stuck shut or will not stay open in the following locations: a) Room 1, b) Room 2, c) Room 3, d) Room 4,					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	PLE CONSTRUCTION (X3) DATE S G: 01 (X3) DATE S		
	HAL085001		B. WING		07/23/2015	
NAME OF I	PROVIDER OR SUPPLIER	•		STATE, ZIP CODE	1 0112	3/2013
		1290 DF	NNY ROAD	77712, 211 0052		
GRACEL	AND LIVING CENTER	KING, NO	27021			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 126	Continued From pa	age 2	C 126			
	e) Room 5					
C 133	Bathrooms-Hand G	Grips	C 133			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the bathrooms were not maintained in a safe manner.  Findings include: The womens shower/bath near the Living Room					
C 150	Corridors-Free of e	equipment and Obstructions	C 150			
	(4) Corridors shall other obstructions.  This Rule is not median a safe obstructed.  Findings include:  a) The corridor is the other obstructed in a safe obstructed.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GRACEL	AND LIVING CENTER	R I 1290 DEN KING, NC				
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C 155	material and so cor cleanable; (2) Scatter or throw (3) All floors shall to the shall shall be shall b	PHYSICAL PLANT 05 PHYSICAL  ts for floors are: be of smooth, non-skid instructed as to be easily v rugs shall not be used; and be kept in good repair.  et as evidenced by: on, the floor in the corridor	C 155			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based on obser	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing	C 164			

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STATEMENT OF DEFICIENCIES (V1) PROVIDER/SUBBLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVI			SLIDVEV	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING: <b>01</b>			
		HAL085001	B. WING		07/2	3/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
004051	AND 1 17/11/2 OFNITE	1290 DEN	NY ROAD			
GRACEL	AND LIVING CENTER	KING, NC	27021			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 4	C 164			
	Findings include: a) Room 1 has furr loose/missing on th b) Room 3 has furr loose/missing on th c) Room 5 has furr loose/missing on th d) Room 6 has furr loose/missing on th	niture with handles e drawers. niture with handles e drawers. niture with handles e drawers. e drawers. niture with handles				
C 189	Building Equipment Maintained Safe, Operating		C 189			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	This Rule is not me 1. Based on observ attic were not maint	ation, the HVAC ducts in the				
		luct over the Living Room that is venting into the attic				
	2. Based on observe the attic were not m	vation, the plumbing vents in aintained.				
	Findings include: A vent pipe has a leak around it which has caused the surrounding sheathing to rot, and the pipe support beam to rot.					

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OTATEMENT OF REFORMORE (VA) PROVIDED OUR DE LEDIOUR		(VO) MUUTIDI	E CONCEDUCTION	(V2) DATE	CLIDVE)/	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: <b>01</b>		00	
	HAL085001		B. WING		07/2	3/2015
NAME OF I	PROVIDER OR SUPPLIER	QTDEET AN	DRESS CITY S	STATE, ZIP CODE	-	
INAME OF F	NO VIDEN ON OUF FLIER		NY ROAD	7//// L, ZII 000L		
GRACEL	AND LIVING CENTER	RI KING, NC	_			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
PREFIX	,	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIAIE	DAIL
0.400	Oantinus d Farm		0.400			
C 189	Continued From pa	ge 5	C 189			
		vation, the facility components				
		d operable by having doors				
	that did not close co	ompletely and latch.				
	Eindings include: T	he following doors have				
	issues:	he following doors have				
	a) Living Room do	or will not latch				
		at room 2 has a loose door				
	knob,					
	c) Room 4 has a lo	oose door knob				
		vation, the building electrical				
		intained to keep the facility				
		e use of two-wire extension				
	would affect all resi	on blocks in the outlets. This				
		al circuits in the bedrooms.				
	overloading electric	ar circuits in the beardonis.				
	Findings include:					
	Two-wire extension	cords and outlet expansion				
		ved in the following locations:				
		has a two-wire extension cord				
	and an outlet expar	ision device in use.				
	5 Rased on observ	vation, the mechanical				
		maintained operable.				
	. STRIBUTET WAS NOT					
	Findings include:					
	a) Exhaust fan in th	ne Staff Apartment bathroom				
	is not working					
	C. Danadari di	the state of the s				
		vation, the building exit				
		aintained in a safe manner.  I residents by not keeping the				
	exits visible in an e	,				
	CVITA MAINIC III AII CI	mergency.				
	Findings include:					
		working in the Kitchen				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b> (X3) DATE SU  COMPLE		SURVEY PLETED			
		HAL085001	B. WING		07/2	23/2015	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
GRACEL	AND LIVING CENTER	R I 1290 DEI KING, NO	NNY ROAD C 27021				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 6	C 189				
		vation the facility exterior ts were not maintained.					
	Findings include: a) The front left so b) The back left so	ffit is coming loose, ffit is coming loose.					

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